

Injection drug users

In 2006, sixty percent of the diagnosed cases with a risk as IDU occurred among men, 68% were black and 40% were between the ages of 40-49.

Research conducted by Lollis et al., (1995) concluded that the use of intravenous drugs resulted in an increase in number of sexual partners as well as a decrease in condom usage. Another study found that women are less likely than men to use condoms (31% v 12%) and less likely to use a condom regardless of known HIV infection (Gollub et al., 1998).

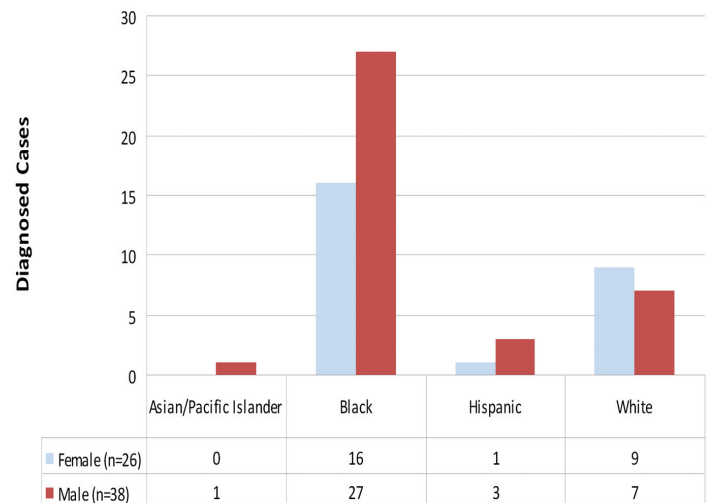
According to the Centers for Disease Control and Prevention, the IDU risk group made up 14% of diagnosed cases of HIV/AIDS in the United States during 2005.

One of the major risk factors in the spread of HIV/AIDS is injection drug use. IDUs are at high risk for transmitting HIV through sharing contaminated needles and engaging in unprotected sex with infected people (NIDA, 2006). Drug usage, including drugs taken intravenously, is associated with engaging in risky sexual practices (Lollis et al., 1995). Research conducted by Lollis et al., (1995) concluded that the use of intravenous drugs resulted in an increase in number of sexual partners as well as a decrease in condom usage. Another study found that women are less likely than men to use condoms (31% v. 12%) and less likely to use a condom regardless of known HIV infection (Gollub et al., 1998). Lower inhibitions and clouded judgement place IDU and their partners at risk for unprotected sexual behavior (HRSA, 2004).

According to the Centers for Disease Control and Prevention, the IDU risk group made up 14% of diagnosed cases of HIV/AIDS in the United States during 2005. In Virginia, reported risk of infection as IDU accounted for six percent of the diagnosed cases during the same period. In 2006, 60% of the diagnosed cases with a risk of IDU occurred among men, 68% were black and 40% were between the ages of 40-49.

Similar trends exist for both males and females. In 2005, the Norfolk MSA was selected as a site for the National HIV Behavioral Surveillance System (NHBS) for injection drug users. This is the first behavioral surveillance system that will provide local and national risk data among IDUs (Lansky, 2007). The resulting NHBS-IDU data will be utilized for improved planning, prevention, and education efforts targeted at Virginians who are at high-risk of becoming HIV infected.

Figure 1 Diagnosed HIV/AIDS among IDU, by race and sex (2006)



REFERENCES

- Lansky A, Abdul-Quader A, Cribbin M et al., Developing an HIV Behavioral Surveillance System for Injecting Drug Users: The National HIV Behavioral Surveillance System. Public Health Reports 2007; 122:48-55.
- Lollis, C. M., Antoni, M. H., Johnson, E. H., Chitwood, D. D., and Griffin, D. K. (1995). Does the health belief model predict risk sexual practices in injection drug users? Clin. Psychol. Psychother. 2: 227-233.
- Gollub, E. L., Rey, D., Obadia, Y., and Moatti, J. P. (1998). Gender differences in risk behaviors among HIV persons with an IDU history. The link between partner characteristics and women's higher drug-sex risks. The Manif 2000 study group. Sex. Transm. Dis. 25: 483-488.
- National Institute on Drug Abuse (NIDA). HIV/AIDS: How Does Drug Abuse Impact the HIV/AIDS Epidemic? Research Report Series. Bethesda, MD: NIDA; 2005. Retrieved November 11, 2007 from: www.nida.nih.gov/PDF/RRhiv.pdf
- U.S. Department of Health and Human Services - Health Resources and Services Administration (HRSA) HIV/AIDS Bureau. Substance Abuse and HIV/AIDS in the United States. Rockville, MD: HRSA; 2004. Retrieved November 11, 2007 from: <http://hab.hrsa.gov/history/SubstanceAbuse/>